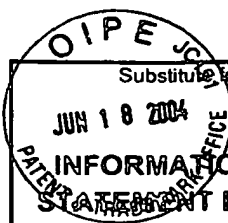


Substitute for form 1449/PTO

COMPLETE IF KNOWN

 INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) (Use as many sheets as necessary)	Application Number	10/712,510
	Filing Date	November 13, 2003
	First Named Inventor	Sandra Lynn True
	Art Unit	2661
	Examiner Name	Unknown
	Attorney Docket No.	LUTZ 2 00237
Sheet 1 of 1		

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Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume/issue number(s), publisher, city and/or country where published	T
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Examiner
Signature

/Barry Taylor/

Date
Considered

12/19/2007